



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Meir STERN et al.

Confirmation No.

Application No.:

Group Art Unit:

Filing Date: October 31, 2003

Examiner:

For: TRANSDERMAL DELIVERY SYSTEM FOR  
DRIED PARTICULATE OR LYOPHILIZED MEDICATIONS

Attorney Docket No.:  
85189-5300

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS**  
**[37 CFR 1.27(a)(2) - Small Business Concern]**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
- ☒ an official of the small business concern empowered to act  
in behalf of the concern identified below:

**TRANSPHARMA MEDICAL LTD.**  
**P.O. Box 222**  
**Yehud 56000, Israel**

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 37 CFR 1.27(a)(2), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the person employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern and/or there is an obligation under contract or law by the inventor(s) to convey rights to the small business concern with regard to the invention entitled :  
**TRANSDERMAL DELIVERY SYSTEM FOR DRIED PARTICULATE OR  
LYOPHILIZED MEDICATIONS** by Meir STERN and Galit LEVIN described in  
Application No. \_\_\_\_\_ filed October 31, 2003.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.27(a)(1) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.27(a)(2), or a nonprofit organization under 37 CFR 1.27(a)(3).

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

☐ INDIVIDUAL      ☐ SMALL BUSINESS CONCERN      ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.27 (g)]


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, and patent issuing thereon, or any patent to which this verified statement is directed.

Send correspondence to:      Allan A. Fanucci      Direct Telephone calls to:  
   WINSTON & STRAWN      WINSTON & STRAWN  
   200 Park Avenue      212-294-3311  
   New York, NY 10166-491

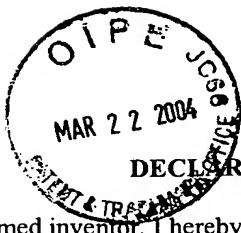
Name of Person Signing:      DARINA HEFFETZ

Title other than Owner:      CEO

Address of Signer:      **TRANSPHARMA MEDICAL LTD.**  
   **P.O. Box 222**  
   **Yehud 56000**  
   **ISRAEL**

Signature:            Date:      10/2/04

\*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities.



## DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled in:

**TRANSDERMAL DELIVERY SYSTEM FOR  
DRIED PARTICULATE OR LYOPHILIZED MEDICATIONS**

and for which a patent application:

- ☒ is attached hereto and includes amendment(s) filed on \_\_\_\_\_ (if applicable)  
☐ was filed in the United States on as Application No. \_\_\_\_\_ (declaration not accompanying application) with amendment(s) filed on \_\_\_\_\_ (if applicable)  
☐ was filed as PCT international Application No. \_\_\_\_\_ on \_\_\_\_\_ and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
152574	Israel	October 31, 2002	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.


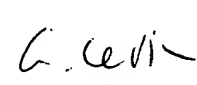
PROVISIONAL APPLICATION NUMBER	FILING DATE

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

\* for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	LAST NAME <b>STERN</b>	FIRST NAME <b>Meir</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Rehovot</b>	STATE OR FOREIGN COUNTRY <b>Israel</b>	COUNTRY OF CITIZENSHIP <b>Israel</b>	
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		SIGNATURE OF INVENTOR 201 		DATE <b>Feb 5, 2004</b>	
202	FULL NAME OF INVENTOR	LAST NAME <b>LEVIN</b>	FIRST NAME <b>Galit</b>	MIDDLE NAME	
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		SIGNATURE OF INVENTOR 202 		DATE <b>Feb 5, 2004</b>	
203	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
		SIGNATURE OF INVENTOR 203		DATE	